PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 23 Judith Basin 0464 Stanford K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Inspection Operated Social Security # # # Capacity 12 100 1 124 0.95 41 08/20/05 2 100 12 104 0.95 47 08/20/05 100 12 3 140 0.95 42 08/22/05

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100

49

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

68.4

0.95

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District	
County	

	Helena, MT 59620-2501						School Bus Transportation County				
DUE DATES:		February 1 February 1	5 to Sta	nty Superin te Superint	endent	IT FOR SCH	•	Second Semes o County Super o State Superin	rintendent ntendent		
		period beginning					ding				
		month day					m	onth	day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	olete and a	accurate to the	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County:			District:					District	Level:		
23 Judit	h Basir	1	0471	Raynesfo	ord Elem			Elem	nentary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Days Bus Driver's				

24

None

0	PI

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State	
District	
County	

DUE
DATES

		- 11616	ila, IVI I 3302	0-2301							
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE THI	S CLAIM FO	OR STATE RI	EIMBU	RSEMEN	T FOR SC	CHOOL BUS T	RANSPORT	TATION:		
This clain	m is for the	period beginning	g		,	20 and	ending		,2	20	
			month	day month day					y		
CERTIF	ICATION	V:									
The info	rmation on t	this form is comp	olete and accurate	to the be	est of my kn	owledge.					
Date			Signature, Chair	, Board of	Trustees						
County: District:						District Level:					
23 Judit	3 Judith Basin			0473 Geyser H S				High School			
Percentage	District #	Route #	Mil Per I		Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #	
50	58	1	98		0.95	36	08/10/05				
20	1						I				
50	58	2	93.	8	0.95	42	08/10/05				
	58 58	2 3	93. 99.		0.95 0.95	42 42	08/10/05 08/10/05				
50				6							